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The
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and his
HEALTH



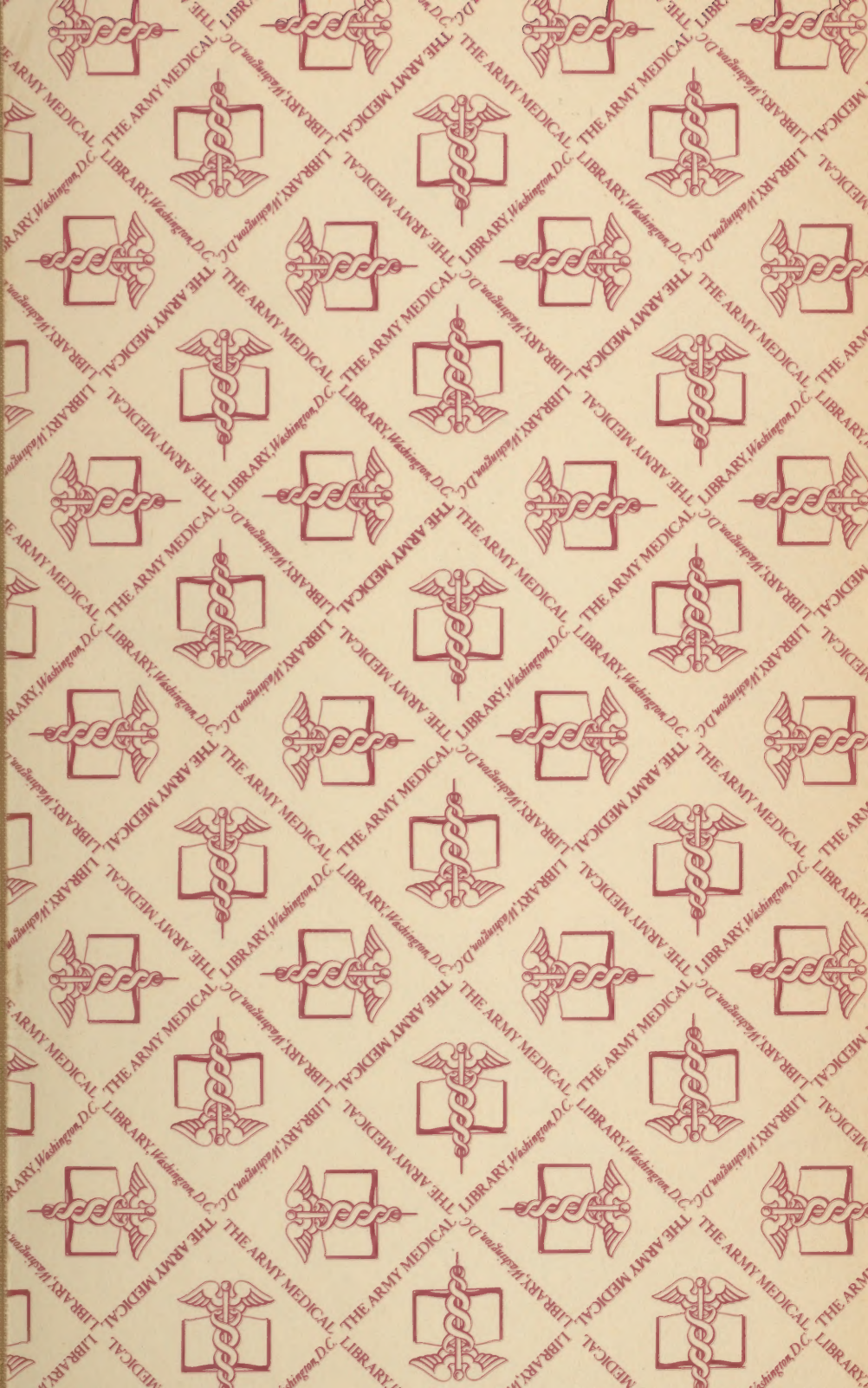
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The Soldier and his Health



Dedicated to the Women of the United States
in the belief that the story of the Army of the
United States is of great interest to them as citi-
zens and of deep concern to them as Mothers,
Wives, and Sisters of the Soldiers

PREPARED BY

THE WOMEN'S INTERESTS SECTION

U.S. WAR DEPARTMENT, BUREAU OF PUBLIC RELATIONS

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The Soldier and his Health



When Private Smith comes home on his first furlough, his mother is likely to exclaim:

“Why, son, how well you look.”

She is likely to be right.

For Private Smith will be looking well. He will be standing straighter and walking more briskly. His muscles will have tightened; flabby flesh will have hardened. Indeed, if he is the typical trainee, he will have put on about 6 pounds during his first few months in camp.

Change in Weight

True, he may have shed a few pounds immediately after entering the Army. Lonesomeness, for both home and home-cooking, is partly responsible. So is the vigorous exercise, and the rigorous routine, often so new to him. In some instances a plump, pudgy man has dropped as many as 35 pounds—usually unnecessary pounds.

But the average recruit regains these lost pounds in a short time, and puts on a few more. Some men gain as much as 30 pounds. The average gain is about 6 pounds within the first 6 months.

Change in Measurement

There is also likely to be a change in measurements. The Surgeon General's office, which has measured more than a million and a half men, reports that, on induction, the typical trainee has a chest measurement of $33\frac{1}{4}$ inches and a 31-inch waist line. After a few months in the Army, he has gained weight, and, in addition, he wears a size larger shoe, and has an expanded chest measure.

In other words—the words of a camp paper:

If you're underweight, join the Army.

If you're overweight, join the Army.

If you're perfect, you can join the Army anyway, just to stay that way.

Healthiest Soldier in Our History

Our new soldier has a better health record than any in our military history. He is healthier than the men at Valley Forge and hardier than the men at Gettysburg; he is better protected from disease than the men on San Juan Hill, and more resistant to disease than the men in the Argonne.

This fact is indicated, not only by the mother's

pleased exclamation, "How well you look," but by the Metropolitan Life Insurance Co.'s more statistical declaration, "How well you *are*."

The insurance bulletin (September 1941) asserts that: "It should be a source of great public satisfaction that the health of America's new Army is being maintained at a high level" and credits this "high level" to two factors—"the careful selection of the men, and the high quality of the medical supervision and care provided for them."

This carefully compiled report points out that, while it has collected no separate health figures for the new soldiers as a group, "they have come to form so much the greater part of the forces in service in the United States that, more and more, the current sickness experience of the Army applies to them in particular."

The report heralds the great improvement of the 1941-42 Army over the 1917-18 Army in control of such diseases as measles (a major cause of death in 1917, now so slight a cause that there is hardly room for it on a chart), mumps, epidemic meningitis, and respiratory diseases, such as influenza and pneumonia.

Low Death Rate

Further, the report rejoices that "the most striking evidence of the good health of our new Army is the extraordinarily low death rate from disease."

This death rate, the statistics reveal, has been well under 1 per 1,000 per annum, in every month from

November 1940 to May 1941 (the last date for which mortality figures are available).

This is appreciably better than the death rate for men of the same age group in our general population.

It is more than 10 times better than for the corresponding period in our Army in 1917-18, when the death rate was approximately 10 per 1,000.

In this new Army, the Metropolitan Life Insurance figures show, the death rate (during the winter months when respiratory diseases were at their peak) was only 0.90 per 1,000. The minimum rate for this period came in April 1941, with a low of 0.59 per 1,000.

The summary says: "In fact, the total number of deaths from disease in the new Army (from November 1940 to May 1941) has been less than the deaths from measles *alone* among those in service in the United States in the fall and winter of 1917-18."

High Life Expectancy

Other reviews of the health records of the Army for the first half of 1941 authentically support the conclusion that the health of the soldier is now definitely better than at any other time in the history of our Army. These reviews also predict that, should the low disease death rate of the first 6 months continue through the remainder of the year, 1941 will walk into medical, military history, as having the lowest death rate of all time.

The final, satisfying conclusion from the figures is that, aside from the casualties of battle, not only the health, but the life expectancy of men of military age is considerably better in the Army than in civilian life.

Private Smith is healthier than his civilian cousin of the same age group today. He is also healthier than his father was when he went to camp in 1917.

He is healthier than his civilian cousin because from the point of view of medical science, he is living in a more "controlled" environment than in civil life, and because he is obliged to go to the doctor, and possibly the hospital, for even minor ailments.

He is healthier than the 1917 soldier because the science of medicine has advanced, because there has been a similar advance in the technique of applying that science, because he has been selected in a stricter physical test, and because his housing conditions are better.

History of the Medical Department

The history of the Army's Medical Department commences with the siege of Boston in 1775. The Second Provincial Congress of Massachusetts Bay, in passing an act creating medical service for the Continental Forces, provided for 2 surgeons and 2 surgeons' mates to a hospital.

In the first manual of Army Regulations, issued in 1779, the rules governing such medical service were

short and simple. They consisted of little more than an injunction to see that the sick and wounded men had plenty of fresh straw on which to lie.

No method for the evacuation of battlefield casualties was developed until the Civil War, when Dr. Jonathan Letterman, a surgeon, devised a system that has become the basic pattern of the field medical services of all the great powers.

Organization of the Medical Department

Through the years of peace and war, many medical lessons have been learned, with pain and with profit. Today the United States Army has a vast medical organization, numbering thousands of highly trained professional personnel, and possessing a far-flung chain of hospitals which have cost more than \$160,000,000 and which, last year, had an annual budget of \$85,000,000.

This Medical Department is composed of 6 specialized corps: Medical Corps, Dental Corps, Veterinary Corps, Medical Administrative Corps, Army Nurse Corps, and Sanitary Corps. It is headed, under the Chief of Staff, by the Surgeon-General and 12 assistants.

Mission of the Medical Department

In spite of its great development, the modern Medical Department has substantially the same mission

today as did the Army doctor of the Revolutionary War—the “conservation of manpower.”

This medical problem of the “conservation of manpower” falls into three stages:

1. Selection of the physically fit for service.
2. Preservation of the health of the able-bodied men in the service.
3. Restoration to health and efficiency of the sick and injured.

Let us look more closely at some of these divisions to see how each affects the health of Private Smith.

Selection

The rapid expansion of the 1939 Army placed a tremendous task on the Medical Department.

Induction Board

The first step it took to meet the new needs was to set up, throughout the country, 90 Induction Boards, charged with the responsibility of giving physical examinations to all prospective trainees.

Though administered by Army personnel, the boards are not necessarily limited to members in military service. Each board is usually composed of 14 members and includes a pathologist, a psychiatrist, a general surgeon, a dentist, eye, ear, nose and throat men, and other specialists.

The average Induction Board is able to “process” some 200 applicants a day.

Benefit to Selectee

Young Smith, who is only a prospective selectee at this point goes to his local board and there undergoes a physical examination as careful and complete as if given at a private clinic. Smith may have had the advantages of adequate medical care all of his life, but for many of the young men waiting their turn in the consultation room, it is their first thorough going-over.

Whether it be a new or old story, the examination greatly benefits Smith and his comrades. It discovers and diagnoses ailments and disabilities.

The first step, then, on the soldier's road to health, is taken before he becomes a soldier.

Even if Smith is rejected for physical reasons he profits by the examination. He is given an analysis of the Army's findings. In many cases this report enables him to take proper treatment which will either overcome or minimize defects which might otherwise have gone neglected.

Benefit to the Army

In addition to its personal benefit to the individual, this strict physical selection of prospective soldiers has a military value.

Because of the greatly increased use of machines in modern warfare, there is sometimes a tendency to assume that the physical fitness of the individual soldier is of less importance than in former, less

mechanized wars. On the contrary, military strength is still definitely related to man strength.

From a practical as well as a humanitarian standpoint, the recruit must be physically fit and capable of enduring the rigors of war. Otherwise he is likely to decrease the efficiency of his unit.

Benefit to the Community

These complete and compulsory medical examinations given to the young men of the Nation are also of great benefit to the country at large and to the local community. They awaken public opinion to the seriousness of local health problems. They furnish the medical profession with reliable data on health conditions. They are often important aids in the field of preventive medicine. In this respect the now universal and thorough chest X-ray given every recruit has brought about gratifying results in both corrective and preventive work.

Preservation of Health

Once the Army has selected Smith, it expends time and trouble, money and medicine, to keep him a physically fit member of the "healthiest Army in history."

Sometimes he may grumble that he has to pay a high price for this distinction. He has to pay the price

of answering sick call every day, of going to the doctor—possibly the hospital—for many minor ailments that he would never bother about if he were home, of obeying orders that at times may be irksome to him, but that, at all times, are beneficial to him and to his comrades.

Sick Call

At a definite hour every morning the soldier is given the opportunity of answering the Army's familiar "sick, lame, and lazy" call. At that time the men who are indisposed and the men who have medical treatments scheduled report to their commanding officer who lists them in the "sick book" and sends them to the doctor. If the soldier is taken ill, or is injured, during the day or night, he immediately goes or is taken to the hospital.

But the morning "sick call" is the routine time for reporting any indisposition. After he has answered this call a few times, the rookie learns that, in the Army he is either sick or well. No halfway status. Well enough to work or sick enough for "quarters" or hospitalization. And if there is any doubt about the matter, he is judged sick.

This is a policy designed NOT to coddle but to cure.

At home he might doze and dose through a morning and play golf in the afternoon. At home he might take some aspirin and loaf away an afternoon. Then, still sneezing, go off to the movies in the evening. Nothing like that in the Army. Prompt and compul-

sory attention is given his minor ailments, and slight injuries, not only to make him *well*, but to keep him from making others *sick*.

The result is that a large number of men in the sick ward on any given day have conditions that are annoying and troublesome but for which, in civil life, they would probably never consult a physician. The doctors term these conditions "self-limited" which means they are not disabling and that the patient would surely recover if given a little time.

Private Smith, after a trip to the hospital, learns that soldiers, like school boys, can make a miraculous recovery at holiday time.

Statistics show that "sick call" is usually heaviest on Monday, after a week end of relaxation. The call normally grows smaller and reaches its lowest mid-week position on Wednesday, which is often a half-holiday. No boy wants to spend that afternoon in the hospital.

Another low in "sick call" comes Saturday and Sunday mornings; again a holiday period. A man cannot be sick enough to get excused from morning drill, but well enough to go to town in the afternoon.

Likewise, recovery is uniformly slow when the duty of the day is heavy or unpleasant.

"It's the same the whole world over."

Advantages

Thanks to discipline and organization, illness in the Army is recognized easily and early. Prompt treatment is instituted.

This preventive policy has a twofold result:

1. When his patient is in the hospital, the medical officer knows he is receiving the proper treatment. That is good for the patient. It is also good for the Army, for it will send the soldier—his health restored—back to his unit in the shortest and safest time.

2. When the sick soldier is in the hospital he is not interfering with the routine of the barracks, and he is not exposing his comrades.

This preventive policy raises the admittance rate to the hospital but it lowers the epidemic rate; it lowers the death rate.

There is another factor, not present in civilian life, which tends to make the hospital and disease rate read high. This is the fact that in the Army the reporting and recording of medical statistics is virtually 100 per cent efficient; whereas in private life, many conditions go unrecorded unless fatal.

Furthermore, every notation that goes into the compilation of the health statistics represents, not a sick man, but a sick case. So the final figures do not mean that that number of men were sick. For instance, Private Smith may, at the same time, be listed twice on the day's chart; once as a man with a cold, once as a man with a blistered heel.

These differences sometimes cause Army figures to look unduly high in making civilian comparisons. But, even with military procedures raising the hospital

and sickness rate, the figures are reassuring and, in some cases, startlingly reassuring.

Prevention of Sickness

The first step in the preservation of the soldier's health is the prevention of his ill-health.

The health record of our peacetime Army was a good one. This was due, among other things, to the opportunity of employing the established techniques of preventive medicine in an environment already controlled, and of using new and proved techniques.

Our modern Army has pioneered in research. Its men seldom fall ill of any disease which can be avoided by immunization processes.

For instance, Private Smith, shortly after entering the service, is immunized to tetanus, vaccinated against smallpox, and given typhoid "shots." It is a standard procedure. He will also be given other protective vaccines if the need arises. All troops sent to the Caribbean are immunized against yellow fever.

Preventable Diseases

Medical military statistics show a marked decline in the incidence of preventable diseases.

For example:

TYPHOID FEVER. Typhoid fever, "the great killer" of the Spanish-American war, has been virtually eliminated. In that war 4,800 out of every 100,000

contracted the disease, and 525 of that number died with it.

In 1918, this percentage had been reduced, thanks to typhoid vaccination, to 30 per 100,000 with 5 deaths.

In the first half of 1941, there were but 3 cases in a million, and no deaths.

SMALLPOX. The dread disease, smallpox, once the "great scourge" has been almost wiped out of the Army, due to the vaccination of every man on his entrance into the service.

In 1918, in an Army of more than 2½ million, there were 625 cases and 6 deaths reported.

Restoration to Health

The third aspect of the Medical Department's job is to restore the sick soldier to health, the injured one to efficiency. The hospital is the setting for this job.

Hospitalization

As we have already seen, the Army's preventive measures, while safeguarding health, at the same time raise the rate of hospital admissions.

Hospital admissions increased from 529 per 1,000 in 1939 to 776.3 in 1940. This was not unexpected, since there was an influx of unseasoned troops—Private Smith and all his comrades. It must also be

remembered that these figures represent cases and not men.

Nor should these figures unduly disturb Private Smith's family. For, fortunately, most peaks of hospitalization are caused by childhood diseases. In this group, measles lead the list.

MEASLES. Measles was a major cause of death among the soldiers of 1917-18. Today it is one of the several diseases in which extraordinary improvement has been recorded (Metropolitan Life Insurance Co. bulletin) in our new Army.

In November 1917, the peak month in World War I, the rate reached nearly 240 per 1,000, with a death rate of more than 5 per 1,000. Then came a general falling off until the general incidence for the year of 1917-18 was 29 per 1,000.

In contrast, the maximum rate in the new Army was 57 per 1,000 in March 1941; and recently it has fallen to 1 per 1,000.

The death rate, so high in 1917, is now so low that it can hardly be recorded on a medical chart.

MUMPS. Another childhood disease, mumps, reached extraordinary proportions in 1917-18, with a peak admission rate of more than 200 per 1,000 in January and February 1918. It later fell to the fairly static incidence rate of 25 per 1,000.

In the new Army the mumps rate has never reached such proportions, and recent figures fix it at under 5 per 1,000.

RESPIRATORY DISEASES. When Private Smith and his more than a million comrades went to camp, the respiratory diseases soon began to show a higher incidence (BUT a lower death rate) than in recent years.

This was to be expected for the new trainees reflected, and were affected by, the general health picture of the civil life they had just left.

There was a country-wide outbreak of influenza in the United States in 1941, and the Army had its share.

But of the nearly 50,000 cases that occurred in an army of (then) a million men, there were only 4 deaths, or 1 in every quarter of a million.

The incidence for pneumonia for the 1941 Army was slightly higher than in previous years, but it was still only half that of the 1917 Army.

The death rate shows startling reductions:

In 1917—171 men died out of every 100,000.

In 1941—Only 8 men died out of every 100,000.

Virtually all of the uncomplicated cases survived. This improvement may be credited, largely, to the prompt attention given the soldier at the first sign of symptoms and to the advances in therapy, to be used when pneumonia threatens or develops.

This low mortality is in sharp contrast to the severe and fatal outbreaks of respiratory diseases which appeared in various camps in the fall of 1917. It is also better than the rate in the civilian population of 1941, which is another reason why Private Smith's mother can be reassured about the medical care her boy is being given in camp.

Statistics

Other Infectious Diseases

POLIOMYELITIS (infantile paralysis). This disease showed some rise in the general population, due to an epidemic, in the year 1941. In the Army, from January through June 1941, the Surgeon General's office, which is always notified by telegraph in each case of a serious epidemic disease, had only 12 cases reported from all the corps areas.

EPIDEMIC CEREBROSPINAL MENINGITIS. While this disease never reached serious proportions in the last war, its mortality rate was so high—1 in every 3 cases—that it was an important cause of death. In today's Army, the incidence rate is much lower, and the fatality has been reduced to 1 in every 10 cases.

TUBERCULOSIS. Recent figures reveal that the incidence rate for this disease in the 1941 Army was about 160 per 100,000, as against the 1917 Army rate of 1,300 per 100,000. This means that Army tuberculosis is only one eighth as prevalent as it was in 1917.

In the same period the disease has also been reduced one fourth of the 1917 figures, for the civilian population.

This means—and Private Smith's mother will be glad to learn this—that the Army reduction is *twice* that of the country as a whole.

Surgical

INJURIES. Injuries write large statistics in the health records of today's Army—larger than the figures of the 1917 Army. This is, of course, to be expected. For the modern Army is highly mechanized, and there is an ever increasing use and number of automobiles and trucks.

On the basis of figures for the first half of 1941, it is estimated that the entire year will record about 14,800 injuries per 100,000, with 120 deaths. In 1917, these figures were 9,165 and 112, respectively.

As the injury death rate has increased between the 1917 and the 1941 Armies, the disease death rate has decreased about one-sixth. This makes the actual death rate from injuries look particularly startling by comparison.

But it is an inevitable result of the new motorized warfare. It is, we must remember, one type of "disease" for which there is no preventive *medicine*. This Army rate is about the same as the rate in the civilian population.

APPENDICITIS. This is another disability for which there is no preventive treatment. It, as is to be expected, has an incidence rate about the same today as in 1917.

Private Smith is just as liable to an attack of appendicitis, as was his father of 1917. But he will benefit by improved techniques in medical and surgical care.

His risk of death is only half as great as the appendicitis victim of 1917.

Appendicitis, along with motor injuries, chart a death curve in the Army about the same as in civilian life.

Outstanding Gains

Translating pages of statistics into a few simple sentences:

In civilian life:

1. FOUR times as many men die of typhoid fever.
2. NINE times as many die of tuberculosis.
3. TEN times as many die of influenza.
4. TWO and a HALF times as many die of pneumonia.

The Army's total death rate, from all causes, in the current emergency, has been less than one-tenth of the figures of 1917-18.

From November 1917 to May 1918, the death rate in the training Army was 10 in every 1,000 (on a yearly basis). Over the same months, in 1940 and 1941, the total death rate was *less* than 1 in every 1,000 (on a yearly basis).

One further fact, a comparison between 1941 military and civil health statistics shows that Soldier Smith, aside from the casualties of battle, has *better health* and a *higher life expectancy* than his comrades of the same age group back home in civilian life.

Hospitals

In order to keep Private Smith well, the Army doctor often sends him to bed. This medically proper procedure has put a tax on the hospitals.

The 1941 Army required some 90,000 beds. These are allocated in approximately 226 station hospitals (of which 128 were newly constructed) and 15 general hospitals (of which 10 were newly constructed).

This was an expansion of more than 350 percent over the hospital equipment the year before. The cost for this expansion was well over \$160,000,000 (of which the greater part went for construction).

Plans are now under way for further construction providing, at first, for the furnishing of hospital beds for 4 percent of the Nation's military strength; and later for 5 percent, the maximum ratio for an Army hospital.

Typical Hospital

A number of hospitals are of 1,000 beds or more. Such a unit is composed of approximately 74 buildings and covers an area of 42 acres.

The hospital at Fort Benning, Ga., with 2,300 beds, is a good example of the larger type. Its report for the year ending July 1, 1941, gives the following information:

Thousands of admissions, but only 42 deaths.

Of these 42 deaths, only 17 due to natural causes.

Of the remainder, 15 deaths, or 37 percent of the total number, were the result of vehicular accidents.

Most of the other deaths due to other accidents, drowning, gunshot wounds, etc.

The relatively few vehicular accidents is a record itself, since the 50,000 military population is completely mechanized or motorized. There are 7,500 Army motor vehicles on the 150,000-acre reservation.

There was also a sharp drop in the percentage contracting venereal disease.

Of the 394 pneumonia patients treated during the year, only 3 died.

Army Nurse

Should Private Smith be sent to the hospital, he will be ministered to by an Army nurse, with the rank of a second lieutenant, or higher. She may be beautiful, but she will certainly be experienced. She may have charm, she will also have authority. When she gives her patient an order, even so simple an order as "drink your orange juice," it is really a military command.

The Superintendent of the Nurse Corps is Maj. Julia Flikke, the second woman to hold this important post since Uncle Sam granted military rank to nurses.

In the Army, anybody not absolutely well is judged sick, so the camp hospital is frequently filled with soldiers just across the border line of health. It is to these patients that the nurse may give a gentle sugges-

tion about doing "ward duty." It may be an order to sweep the floor or tidy up the room. To the sick or convalescent, she ministers with equal zeal, whether they be privates or officers.

"Soldiers are wonderful patients," she says enthusiastically. "And such a relief from cranky, spoiled civilians who are always wanting you at their beck and call.

"Sometimes you feel silly putting a dressing on a sore toe. We do not want to baby the boys, but we certainly do want to take care of them. And there is no mother there to fix the toe."

Private Smith's mother may not be there but she knows the Army nurse will be there, whether it be a simple case of sore toe or a serious one of appendicitis.

Need for More Nurses

Greatly increased requirements for the Army Nurse Corps, under wartime conditions, prompted the recent announcement by Maj. Gen. James C. Magee, Surgeon General of the Army, that more than 10,000 nurses are needed at once.

The requirements for the Army nurse are many and extremely professional. But the 1941 nurse is likely to add some specifications of her own. For instance, she may not entirely agree with Florence Nightingale that "every woman is a nurse at heart." Rather she may reflect that "A good nurse must be able to take it."

Dental Care

The dentist's "buzzer" will follow Private Smith to camp. Uncle Sam will see to that.

Private Smith's teeth were in good condition before he entered the service, else he would not have been permitted to enter. But Army dental authorities are vigilant. They insist that he keep his teeth in good condition.

If he is stationed at a camp with a strength of 10,000 troops or over, there will be a complete dental clinic at his disposal. But wherever he is, there will always be adequate dental services. A dental officer even follows him on maneuvers.

Mobile Medicine

The dentist is not the only member of the Medical Department who follows Private Smith into the field.

Modern medicine is mobile.

Camp Polk, La., had one of the first mobile operating rooms. It was mounted on a truck and was mobile enough to follow the troops on the first trial during the Louisiana maneuvers.

The technique of mobile medicine has made rapid strides in the past few months. One of the most skillful and helpful devices is a recently perfected unit, consisting of seven special trucks. Four of the trucks are fitted up as operating rooms. One is a sterilizing room, complete with portable autoclave

and all other necessary equipment; one is an X-Ray room; and one truck is the office.

Compact and mobile, this unit can go anywhere the other vehicles of the Division go, and be ready for use when it gets there.

Mobile X-Ray

One of the most important scientific inventions for the benefit of the wounded man in the field is the mobile X-ray unit, which has been developed at the Army Medical Center at Walter Reed Hospital, Washington, D. C., after 2 years of study.

This unit can be packed or unpacked in 15 minutes, and can produce radiographs for study in half an hour. With the aid of its fluoroscopic equipment, the examining physician, working in a field tent, can exactly locate a foreign body in a wounded soldier in about a minute after the patient is placed in the machine.

These are but two of the many useful and marvelous inventions that have been perfected for use in battle, or for combat conditions in maneuvers.

Private Smith will, if the need arises, have the benefit of most of them and of all of them when they have passed the rigid experimental tests.

There are also modern scientific procedures in which Private Smith himself will be a participant. The most outstanding of these is blood typing.

Blood Typing

Shortly after his induction, he will be tested for his

blood type. The result will be carefully checked and recorded. It is then stamped on his records, and on the identification tag he always wears around his neck.

Should it later suddenly develop that he needs an immediate blood transfusion, the doctor has only to look at the tag about his patient's neck, to learn the type of blood needed.

Thus, with speed and accuracy, the doctor can make what may turn out to be a lifesaving transfusion. Indeed it may very well be the lifesaving factor. For shock and loss of blood cause more death in battle than the actual destruction of physical tissues by a projectile.

Additional Safeguards

There are many other safeguards which Uncle Sam is taking with a success that is both real and statistical, for the health of his soldiers.

There are many little duties and protections to which Private Smith and his comrades have to conform. One is the monthly medical examination, more complete and personal than the daily "Sick call."

At this monthly examination, Private Smith, along with his comrades, stands in line, grumbling and undressed, while an eagle-eyed Medical Corps Officer checks him over for skin diseases, foot trouble, and other symptoms.

Private Smith does not particularly like it, but he knows it is a good thing. He knows that the many

other health routines he is obliged to observe, the easy hospitalization, the rigid isolation, the emphasis on preventive as well as protective measures, all contribute to the fact that he is, today, a healthy member of the healthiest Army in the world, and in history.



Gaylord



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